



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

518-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

COMPREHENSIVE PAIN MANAGEMENT  
5734 SPOHN DRIVE SUITE A  
CORPUS CHRISTI TX 78414

#### **Respondent Name**

ZURICH AMERICAN INSURANCE CO

#### **Carrier's Austin Representative Box**

Box Number 19

#### **MFDR Tracking Number**

M4-11-2254-01

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "Carrier failed to respond to the original request for payment. Carrier also failed to respond to the request for reconsideration (see attached proof of delivery for all request)."

**Amount in Dispute:** \$360.53

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "Carrier asserts that it has paid according to applicable fee guidelines and/or reduced to fair and reasonable. Further, the carrier challenges whether the charges are consistent with applicable fee guidelines."

**Response Submitted by:** Flahive, Ogden & Latson, P.O. Box 13367, Austin, TX 78711

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 20, 2010	CPT Code 64483	\$194.68	\$194.68
	CPT Code 64484	\$123.42	\$0.00
	CPT Code 77003-26	\$42.43	\$42.43
TOTAL		\$360.53	\$237.11

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

## **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203, titled *Medical Fee Guideline for Professional Services*, set out the fee guidelines for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.
3. Neither party to the dispute submitted any explanation of benefits to support the denial of reimbursement for the disputed services.

## **Issues**

1. Is the requestor due reimbursement for CPT code 64483?
2. Is the requestor due reimbursement for CPT code 64484?
3. Is the requestor due reimbursement for CPT code 77003-26?

## **Findings**

1. 28 Texas Administrative Code §134.203(b)(1), states "(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."
2. Per 28 Texas Administrative Code §134.203(c)(1)(2), "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

(1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32.

(2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) Division conversion factor in 2007."

On May 3, 2010, the requestor obtained preauthorization for "1 Transforaminal Epidural Steroid Injection at the Left L5-S1 level between 4/30/2010 and 6/29/2010."

CPT code 64483 is defined as "Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level. "

Review of Box 32 on the CMS-1500 the services were rendered in zip code 78414, which is located in Nueces County.

Review of Box 24B on the CMS-1500 indicates the place of service was 24-Ambulatory Surgical Care Center.

The MAR for CPT 64483 in Nueces County is \$194.68. The respondent paid \$0.00. The requestor is seeking reimbursement of 194.68; this amount is recommended for reimbursement.

3. CPT code 64484 is defined as "Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)."

The requestor obtained preauthorization for one Transforaminal Epidural Steroid injection. The documentation supports one level injection; therefore, reimbursement for the additional level is not supported. No reimbursement can be recommended.

4. CPT code 77003-26 is defined as "Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid)." The 26 modifier designates that the billing is for the professional component of code 77003.

The MAR for CPT 77003-26 in Nueces County is \$53.26. The respondent paid \$0.00. The requestor is seeking \$42.43; this amount is recommended for reimbursement.

### **Conclusion**

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation does support additional reimbursement sought by the requestor. The Division concludes that the requestor has supported its position that reimbursement is due. As a result, the amount ordered is \$237.11.

### **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$237.11 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

### **Authorized Signature**

_____	_____	3/22/2012
Signature	Medical Fee Dispute Resolution Officer	Date

### **YOUR RIGHT TO REQUEST AN APPEAL**

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**